

**Facility Name:** \_\_\_\_\_

**Facility ID:** \_\_\_\_\_

# 2004 National Nursing Home Survey

## Staffing Questionnaire

Prepared for the  
**U.S. Department of Health and Human Services**  
**Centers for Disease Control and Prevention**  
**National Center for Health Statistics**

by

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Dear Administrator,

The National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC) is conducting the National Nursing Home Survey on a randomly selected nationwide sample of nursing homes. This voluntary survey is authorized by Federal Law.

We would like some information about the staff of your nursing home, including their training, benefits, and involvement in resident or patient care planning. The information you provide will be used only for research purposes and will be held in strict confidence. It will not be released to anyone, other than the agencies involved in the survey that are listed in the Dear Administrator letter sent to you previously, without the consent of the individual or the establishment in accordance with the Public Health Service Act.

If you wish to comment on any question or qualify your answers, please feel free to use space in the margins or on the inside of the final page. Your comments will be read and taken into account.

Please answer all of the questions in reference to the facility listed on the front cover.

**NOTICE - Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; Paperwork Reduction Project (0920-0353) 1600 Clifton Road, MSD-24, Atlanta, GA 30333. Information contained on this form which would permit identification of any individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or establishment in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).**

**These first few questions ask about the background of the Medical Director of this facility.**

<sup>a</sup>  If no Medical Director currently on staff, check here,  **Go to 8.**

**1. What degree does the Medical Director have?**

**X one box.**

<sup>1</sup>  M.D.

<sup>2</sup>  D.O.

**2. Is the Medical Director **Board certified** in any of these specialties?**

**X box(es) that apply.**

<sup>1</sup>  Emergency Medicine

<sup>2</sup>  Family Medicine

<sup>3</sup>  Internal Medicine

<sup>4</sup>  Geriatrics

<sup>9</sup>  None of the above

**3. Does the Medical Director have **advanced education** in any of the following areas?**

**X box(es) that apply.**

<sup>1</sup>  Geriatrics

<sup>2</sup>  Palliative / End-of-life Care

<sup>3</sup>  Management

<sup>9</sup>  None of the above

**4. Does the Medical Director have an American Medical Director's Association (AMDA) certification?**

**X one box.**

<sup>1</sup>  Yes

<sup>2</sup>  No

**5. About how long has he / she been the Medical Director at **this facility**?**

**Write number in only one box.**

<sup>a</sup>  Number of weeks

**OR**

<sup>b</sup>  Number of months

**OR**

<sup>c</sup>  Number of years

**6. Altogether, about how long has he / she been the Medical Director at **any nursing home** or **similar type of facility / unit**, including this one?**

**Write number in only one box.**

<sup>a</sup>  Number of weeks

**OR**

<sup>b</sup>  Number of months

**OR**

<sup>c</sup>  Number of years

**7. About how many days a week or month does the Medical Director spend working **in this facility**?**

**Please include the time he / she spends on committees, administrative tasks, seeing residents, or charting, etc.**

**Write number in only one box.**


<sup>a</sup>  Days a week

**OR**

<sup>b</sup>  Days a month

## B Background of Director of Nursing

The following questions are about the Director of Nursing at this facility.

<sup>a</sup>  If no Director of Nursing currently on staff, check here,  Go to **13**.

**8.** What is the highest degree the Director of Nursing holds?

X one box.

- <sup>1</sup>  Associate degree
- <sup>2</sup>  Diploma
- <sup>3</sup>  BS / BSN
- <sup>4</sup>  MS / MSN
- <sup>5</sup>  BA (not health related)
- <sup>6</sup>  BA (administration - not health related)
- <sup>7</sup>  BA (health administration or health related)
- <sup>8</sup>  MA (non-health, e.g., business administration)
- <sup>9</sup>  MA (health related)
- <sup>10</sup>  MBA
- <sup>91</sup>  Other (PLEASE SPECIFY)



**9.** What certification(s) does the Director of Nursing have?

X box(es) that apply.

- <sup>0</sup>  None
- <sup>1</sup>  National Association of Directors of Nursing Administration in Long-term Care (NADONA)
- <sup>2</sup>  American Association of Nurse Assessment Coordinators (AANAC)
- <sup>3</sup>  American Nurses Credentialing Center (ANCC) in Gerontological Nursing
- <sup>4</sup>  American Nurses Credentialing Center (ANCC) -- OTHER (Nursing Administration, Medical-surgical nursing, etc.)
- <sup>5</sup>  Association of Rehabilitation Nurses - Certified Rehabilitation Registered Nurse (CRRN)
- <sup>6</sup>  Association for Professionals in Infection Control and Epidemiology (APIC)
- <sup>7</sup>  Other certification

**10.** Is the Director of Nursing any of the following?

X box(es) that apply.

- <sup>1</sup>  Nurse Practitioner
- <sup>2</sup>  Geriatric Nurse Practitioner
- <sup>3</sup>  Clinical Nurse Specialist
- <sup>4</sup>  Geriatric Clinical Nurse Specialist
- <sup>9</sup>  None of the above

**11.** About how long has he / she been the Director of Nursing at this facility?

Write number in only one box.

- <sup>a</sup>  Number of weeks  
**OR**
- <sup>b</sup>  Number of months  
**OR**
- <sup>c</sup>  Number of years

**12.** Altogether, about how long has he / she been the Director of Nursing at any nursing home or similar type of facility / unit, including this one?

Write number in only one box.

- <sup>a</sup>  Number of weeks  
**OR**
- <sup>b</sup>  Number of months  
**OR**
- <sup>c</sup>  Number of years

Next, we would like to know more about your staff's involvement in resident and patient care planning.

**13.** How often is **at least one Certified Nursing Assistant (CNA)** involved in resident or patient care planning meetings?

X one box.

- 1  Always
- 2  Most of the time
- 3  Some of the time
- 4  Seldom
- 5  Never

**14.** Some nursing homes use permanent assignments as their staffing model. **At this facility**, are CNAs routinely assigned to care for the same group of residents?

X one box.

- 1  Yes
- 2  No

The following questions ask about the recruitment of the nursing staff at this facility.

**15.** If hired today, what would be the hourly wage of **entry-level nursing staff** at this facility?

Please include only the staff who have direct patient care responsibilities, and who are employed by this facility.

Write dollar amount in each box.

Entry-level  
Hourly Wages

- a. RNs ..... \$
- b. LPNs ..... \$
- c. CNAs ..... \$
- d. Aides/Orderlies ... \$
- e. (or mark box)  Aides and orderlies not employed

**16.** Which of these nursing staff **retention / recruitment strategies** are used by this facility?

X box(es) that apply.

- 1  Employee recognition programs (employee of the month, staff dinners / luncheons, etc.)
- 2  Reimbursement for workshops / conferences
- 3  Sign-on bonus
- 4  Recruitment bonus
- 5  Perfect attendance rewards
- 6  Career ladder positions for Nurses
- 7  Career ladder positions for CNAs
- 8  Flexible scheduling or job sharing
- 9  Bonus / paid time off
- 10  Tuition (reimbursement or direct payment for employees / new hire)
- 11  Payback for unused sick / vacation time

# E Profile of Nursing Staff

Next, we would like to know about the background and turnover of your staff.

**17.** Approximately what percentages of the RNs currently on staff have the following as their highest education / training?

Write percentage in each box.  
If none, please enter "0".

Percent of RNs

a  % Associate Degree

b  % Diploma (3 years)

c  % BS / BSN (4 years)

d  % MS / MSN or higher

100 % Total

**18.** Do any of the RNs currently on staff have specialty certifications?

(Examples include: gerontological, rehabilitation, nursing administration, medical-surgical nursing, infection control, etc.)

X one box.

<sup>1</sup>  Yes

<sup>2</sup>  No

**19.** Does this facility have the following personnel on staff?

X one box in each row.

Yes No

<sup>1</sup>  <sup>2</sup>  Nurse Practitioners

<sup>1</sup>  <sup>2</sup>  Clinical Nurse Specialists

<sup>1</sup>  <sup>2</sup>  Geriatricians

<sup>1</sup>  <sup>2</sup>  Physician's Assistants

<sup>1</sup>  <sup>2</sup>  Aides or Orderlies (excluding CNAs)

<sup>1</sup>  <sup>2</sup>  Physicians (excluding Medical Director)

**20a.** During the past week (the last 7 days), how many full-time (FT) staff, part-time (PT) staff, or full-time equivalents (FTEs) worked in this facility?

For each employee type, write number in each clear OR shaded box.

If "none" or facility does not hire some type of staff, please enter "0".


## EMPLOYEES

	FT	PT	OR	FTEs	
a	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	RNs
b	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	LPNs / LVNs
c	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	CNAs
d	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>	Aides / Orderlies

## CONTRACT / AGENCY EMPLOYEES

	Total Hours	OR	FTEs	
e	<input type="text"/>	OR	<input type="text"/>	RNs
f	<input type="text"/>	OR	<input type="text"/>	LPNs / LVNs
g	<input type="text"/>	OR	<input type="text"/>	CNAs
h	<input type="text"/>	OR	<input type="text"/>	Aides / Orderlies

**20b.** How many vacancies (unfilled positions) for RNs, LPNs, CNAs, or Aides / Orderlies do you currently have? Please include vacant positions for employees for which you are actively recruiting, even if for now you are using contract / agency workers.

a  If no vacant positions, check here,  Go to **21**.

For each employee type, write number in each clear OR shaded box.

If "no vacancies" for a staff type, please enter "0".

			VACANT POSITIONS				
			FT	PT	OR	FTEs	
a	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>			RNs
b	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>			LPNs / LVNs
c	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>			CNAs
d	<input type="text"/>	<input type="text"/>	OR	<input type="text"/>			Aides / Orderlies

**21.** How many RNs who work in this facility, including contract RNs, are solely devoted to bedside care (i.e., assigned to / responsible for personal, health, and medical care of a group of residents)?

Write number in each clear or shaded box.

If "none," please enter "0" in the applicable box(es).

a  Full-time RNs

b  Part-time RNs

OR

c  RN FTEs

**22.** How many of this facility's nursing staff are currently on sick leave or doing light duty because of an injury sustained at this facility?

a  None

OR

b  Number of nursing staff

**23.** Does this facility have any staff designated as the following?

X one box in each row.

Yes   No


1  2  MDS Nurse(s)

1  2  Case manager(s)

1  2  Quality Assurance / Improvement coordinator(s)

1  2  Infection Control Coordinator(s)

**24a.** Over the past week (the last 7 days), how many overtime shifts did the nursing staff work at this facility?

a  If no overtime shifts were worked, check here,  Go to **25**.

Write number in each box.

If "none" for a staff type, please enter "0" in the applicable box.

b  RN overtime shifts

c  LPN overtime shifts

d  CNA overtime shifts

**24b.** What were the reasons the nursing staff worked any overtime shifts during the past week?

X box(es) that apply.

1  Scheduled absences (vacations, other advance approved time-off)

2  Unscheduled absences (other illness, emergency time-off)

3  Staffing vacancies (unfilled staff positions)

9  Other reason (PLEASE SPECIFY)




**25.** Over the past 3 months, how many RNs, LPNs, or CNAs were hired at this facility?

Do not include contract / agency workers.

a  If none were hired, check here,  Go to **26**.

Write number in each box.

If none for a staff type, please enter '0'.

FT PT

b   RNs

c   LPNs

d   CNAs

**26.** Over the past 3 months, how many RNs, LPNs, and CNAs have terminated employment? Include both voluntary and involuntary terminations (e.g., retired, dismissed, resigned).

Do not include contract / agency workers.

a  If no employees terminated employment, check here,  Go to **27**.

Write number in each box.

If none for a staff type, please enter '0'.

FT PT

b   RNs

c   LPNs


d   CNAs



# E

## Profile of Nursing Staff (continued)

**27.** About what percent of this facility's current nursing staff have been employed here for more than 1 year?

- a  If none have been employed for more than a year, check here,  Go to **28.**

Write percentages in each box.  
If none for a staff type, please enter '0'.

b  % of RNs

c  % of LPNs

d  % of CNAs

**28.** About what percent of this facility's current nursing staff received their basic nursing training outside of the United States?

Write percentages in each box.  
If none for a staff type, please enter '0'.

a  % of RNs

b  % of LPNs

**29.** About what percent of this facility's current CNA staff consider English their second language?

- a  None

OR

b  % of CNAs

**Please continue  
to next page.**

**We would like to learn about your staff's employee benefits.**

**30. What types of RN and LPN/LVN staff employee benefits are offered by the facility?**

X box(es) that apply.

- 1  Fully paid health insurance plan for employee
- 2  Fully paid health insurance plan for employee spouse / dependents
- 3  Partially paid health insurance plan for employee
- 4  Partially paid health insurance plan for employee spouse / dependents
- 5  Retirement / pension
- 6  Paid vacation / holidays
- 7  Paid sick days
- 8  Paid time off days for "other / personal" reasons
- 9  Daycare (child)
- 10  Transportation allowance
- 11  Employee assistance
- 12  Career promotion / development (tuition, tuition reimbursement, workshops, conferences at reduced rate or free of charge, reimbursement for certification exam, etc.)
- 91  Other (PLEASE SPECIFY)



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**31. What types of CNA staff employee benefits are offered by the facility?**

X box(es) that apply.

- 1  Fully paid health insurance plan for employee
- 2  Fully paid health insurance plan for employee spouse / dependents
- 3  Partially paid health insurance plan for employee
- 4  Partially paid health insurance plan for employee spouse / dependents
- 5  Retirement / pension
- 6  Paid vacation / holidays
- 7  Paid sick days
- 8  Paid time off days for "other / personal" reasons
- 9  Daycare (child)
- 10  Transportation allowance
- 11  Employee assistance
- 12  Career promotion / development (tuition, tuition reimbursement, workshops, conferences at reduced rate or free of charge, etc.)
- 91  Other (PLEASE SPECIFY)



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## **G** Other Information

**32.** Which types of your staff belong to labor unions?

**X box(es) that apply.**

- None
- <sup>1</sup>  Nurses (LPNs, RNs)
- <sup>2</sup>  CNAs
- <sup>3</sup>  Housekeeping
- <sup>4</sup>  Maintenance
- <sup>5</sup>  Food service
- <sup>91</sup>  Other

**33a.** Does this facility use any **volunteer workers** to help either the current residents or your nursing home staff in any way?

**X one box.**

- <sup>1</sup>  Yes ➔ **Go to 33b.**
- <sup>2</sup>  No ➔ **End**

**33b.** What kinds of duties / tasks do they perform?

**X box(es) that apply.**

- <sup>1</sup>  Assist residents at mealtime
- <sup>2</sup>  Bring water / snacks to residents
- <sup>3</sup>  Assist residents with personal care needs
- <sup>4</sup>  Assist residents with letter writing / mail delivery
- <sup>5</sup>  Social visits with residents
- <sup>6</sup>  Help residents with recreational activities
- <sup>7</sup>  Transport residents inside / outside facility
- <sup>8</sup>  Assist residents in religious activities
- <sup>9</sup>  Perform clerical / telephone duties for staff
- <sup>91</sup>  OTHER duties (PLEASE SPECIFY)




**34a.** About how many **DAYS per week** do volunteer workers **usually** come to this facility?

- <sup>a</sup>  Less than one day a week ➔ **End**

**OR**


- <sup>b</sup>  Number of days

**34b.** About how many different volunteer workers **usually** come to this facility **each week**?

- <sup>a</sup>  Number of workers

**End**

**Thank you  
for your cooperation.**

A white rectangular box is positioned in the lower-left quadrant of a solid blue background. From the top edge of this box, five thin white lines extend upwards and to the right, fanning out across the blue background. Additionally, two thin white lines extend from the right edge of the box, continuing the fanning pattern towards the right side of the page.

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